

Lumbar spinal stenosis



What is lumbar spinal stenosis?

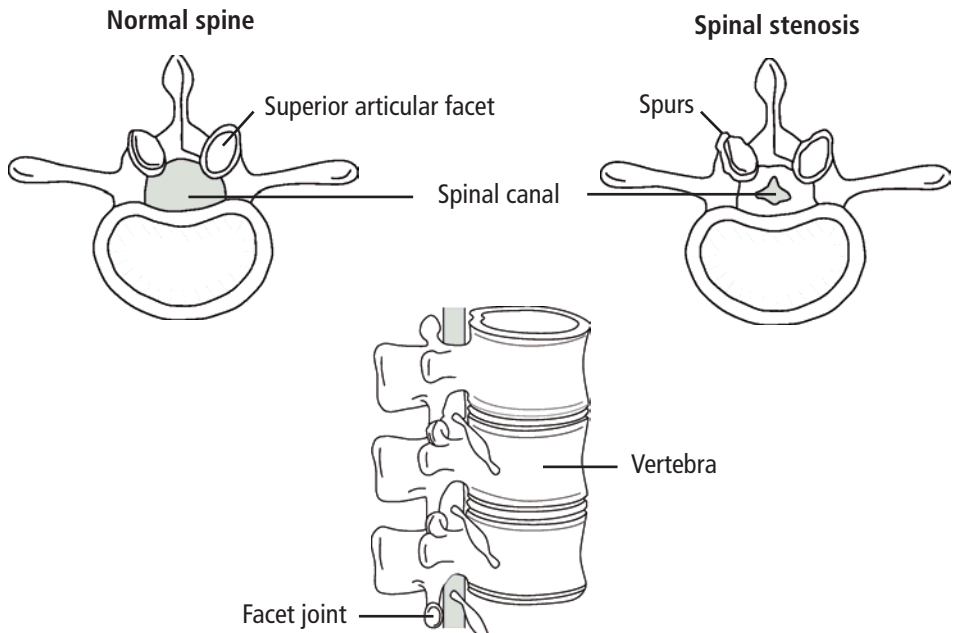
Your lower back (lumbar spine) is made up of bones called vertebrae. A tunnel (the spinal canal) runs through your vertebrae. It contains the nerves that supply the sensation and muscle strength to your legs. At the front of your spine between each vertebrae are spongy cushions (intervertebral discs), and at the back of your spine are the joints between the other parts of the vertebrae (spinal facet joints).

As we get older, the space around the nerves is often reduced. This is usually caused by a combination of your:

- facet joints enlarging
- discs bulging
- surrounding ligaments thickening.

These changes cause the spinal canal to narrow, known as spinal stenosis.

Spinal stenosis is like the lime build-up on the inside of a kitchen water pipe. Over time, it narrows the diameter of the pipe, just as spinal stenosis narrows the spinal canal.



Who is affected by spinal stenosis?

This condition is most common in either men or women over 50 who have had a history of low back pain. However, it can occur in younger people who are born with a narrowed spinal canal, or who have had an injury to the spine.

What are the symptoms?

Spinal stenosis in the lower back does not always cause problems. Many people have a lot of narrowing of the spinal canal, without any symptoms.

For other people, narrowing of the spinal canal can put pressure on the spinal nerve roots. This may interfere with the function of the nerves, causing slowly worsening symptoms. The back itself may or may not hurt. You might experience numbness, weakness and cramping in the legs.

These symptoms are usually worse when standing or walking for long periods. They may come and go, and vary in intensity. Bending forward and sitting increases the space in the spinal canal, which often reduces pain and makes it possible to walk further.

How is it diagnosed?

A specialist will need to examine and interview you to check for this problem. Other disorders of the spine can cause similar problems.

The specialist may ask for an MRI scan (magnetic resonance imaging) if he or she needs more information about the soft structures of your spine. The MRI scan shows the exact tissues involved.

What is the treatment?

Once lumbar spinal stenosis has been diagnosed, non-surgical treatment is usually tried first. The aims of treatment are not to correct the spinal canal narrowing, but to provide long lasting pain relief and improved function in daily life without requiring more serious treatment.

Non-surgical treatments may include:

- Drugs for pain control (analgesic medication) such as paracetamol, aspirin or co-codamol. Pain is best controlled when painkillers are taken regularly.
- Drugs to reduce swelling around the spinal tissues (anti-inflammatory medications) such as aspirin and ibuprofen. These are often more effective than painkillers, but may irritate your stomach.
- Secondary analgesics to reduce irritation of the nerve eg Amitryptiline, Gabapentin.
- Physiotherapy, which aims to improve spinal posture control by improving muscle strength, endurance and flexibility.
- Injections into the spinal cord (epidural injections) are only considered after other treatments have failed to help. These can give short-term relief for some patients. A specialist team in the Pain Clinic provides these injections.

If these treatments do not relieve your pain, surgery may be an option.

Is there anything I should avoid?

Bed rest does not help as it can lead to more stiffness in the spine.

You should avoid any manipulation of your spine.

How can I help myself?

- General daily activities are good for you, but some are better than others. Cycling is generally better than walking, as the back is more flexed, which gives the nerves more room to move. Swimming and stationary cycling are also encouraged.
- If you are overweight, losing weight will help reduce the load on your spine.
- You may find a rigid brace helps prevent you fully straightening your back, although this can make your spinal joints more stiff. Wearing a corset or support is unlikely to help.

Will surgery help?

In some cases, non-surgical treatments do not relieve the pain. If you have disabling back and leg pain and significant limitations in walking distances, your doctor may consider an operation to help improve your quality of life.

The goal of surgery is to remove the obstruction causing the symptoms, which usually gives some relief. After surgery, you should have less leg pain and be able to walk better. However, if the nerves were badly damaged prior to surgery, there may be some remaining numbness or pain, or possibly no improvement.

Only a small group of patients will benefit from surgery. However, sometimes pain or limitation of activity may appear again five or more years after surgery.

What is the long-term outcome for spinal stenosis?

Many people cope well with troublesome symptoms. Many patients will improve or remain unchanged with the passage of time. Recent research shows that over a period of four years, 70% of patients with spinal stenosis stayed the same and 15% improved without surgery.

What are the next steps?

You should discuss with your doctor whether you may benefit from surgery or whether you are more likely to benefit from a non-surgical treatment.

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